

No. 2
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DEPARTMENT OF COMMERCE

BUREAU OF THE CENSUS
JAN 25 1941

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 43474

Registration District No. 668

Primary Registration District No. 3032

Registrar's No. 1

1. PLACE OF DEATH:

(a) County Pettis

(b) City or town Sedalia
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
625 S. Lafayette
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____ (Specify whether)

In this community 15 years years, months or days 2

3. (a) PRINT FULLNAME PEARL ETHEL HEISE

3. (b) If veteran, name war _____

3. (c) Social Security No. _____

4. Sex Female

5. Color or race White

6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Henry F. Heise

6. (c) Age of husband or wife if alive 57 years

7. Birth date of deceased April 12 1885
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

55 8 19 hr. min.

9. Birthplace Stansbury Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation None

11. Industry or business _____

MOTHER FATHER

12. Name Charles H. Black

13. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Sarah Beahle Woodman

15. Birthplace St. Joseph Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Henry F. Heise

(b) Address Sedalia, Mo.

17. (a) Removal (Burial, cremation, or removal)

(b) Date thereof Jan 2, 1941
(Month) (Day) (Year)

(c) Place: burial or cremation Jopka, Kans.

18. (a) Signature of funeral director Mrs. Langhin Brea

(b) Address Sedalia

19. (a) Jan 2, 1941 (Date received local registrar)

(b) Mrs. Harry Sneed (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Pettis

(c) City or town Sedalia
(If outside city or town limits, write "RURAL")

(d) Street No. 625 S. Lafayette
(If rural, give location)

(e) If foreign born, how long in U. S. A. _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 31
year 1940 hour 3 minute 30 A. M.

21. I hereby certify that I attended the deceased from October 1940 to December 1940
that I last saw her alive on December 31, 1940
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary embolism

Due to Chronic myocarditis and Chronic endocarditis

Due to Arteritis Acute

Other conditions (Include pregnancy within 3 months of death) 92%

Major findings:
Of operations _____

Of autopsy _____

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

23. Signature Gerda Hauflade (Specify type of place) _____
While at work? _____ (e) Means of injury _____

Address Sedalia Mo Date signed 1-2-41

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

10
4
4

RECEIVED

District Health Officer No. 8,

District File Number

Date Filed

1-14-41

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.
working under my personal supervision.

Signed

P. E. Baker

Licensed Embalmer No.

2419

P. O. Address

Sedalia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.